

IN THE CIRCUIT COURT OF THE COUNTY OF ST. LOUIS  
STATE OF MISSOURI

ALICE M. KOPP,

Plaintiff,

vs.

WALGREEN CO. d/b/a WALGREENS #05667,

Defendant.

Case No.: 20SL-CC05560

Division No. 18

**PLAINTIFF'S ANSWERS TO  
DEFENDANT'S FIRST SET OF INTERROGATORIES**

Comes now Plaintiff and for her Answers to Defendant's First Set of Interrogatories,  
states as follows:

1. Please state:
  - (a) The name and address of the person or persons answering these Interrogatories;
  - (b) His/her relationship to Plaintiff; and
  - (c) His/her position of employment.

**ANSWER:**

Alice M. Kopp, 5924 Royal Country Court, St. Louis, MO 63129.

## 2. BACKGROUND INFORMATION

Please state:

- (a) Plaintiff's full name;
- (b) Name of Plaintiff's spouse and date of marriage;
- (c) Plaintiff's maiden name, if applicable;
- (d) Plaintiff's age and date of birth;
- (e) Plaintiff's gender;
- (f) Plaintiff's Social Security Number; the SSN will be provided to Medicare for determination of each individual's Medicare eligibility for reporting purposes mandated by Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007;
- (g) Plaintiff's present address;
- (h) Any other addresses at which Plaintiff has lived during the past five years;

- (i) Plaintiff's present employer's name and position of employment;
- (j) Healthcare insurer and/or coordinator of benefits;
- (k) Health insurance claim number ("HICN") (if applicable);
- (l) Medicare number;
- (m) Previous employers' names for the past five (5) years and the dates of employment there; and
- (n) State any other names which Plaintiff has ever used.

**ANSWER:**

- (a) Alice M. Kopp;
- (b) Lawrence Kopp, Date of Marriage: 10/12/1974;
- (c) Foran;
- (d) Age: 74, DOB: 09/25/46;
- (e) Female;
- (f) SSN: 320-38-7279;
- (g) 5924 Royal Country Court, St. Louis, MO 63129;
- (h) N/A;
- (i) N/A – Plaintiff is retired;
- (j) Medicare;
- (k) Medicare replaced the HICN number with the Medicare ID number. See: Response to Interrogatory No. 2(l);
- (l) Medicare ID: 3DV7XX5AE57;
- (m) N/A in that Plaintiff is not making a claim for lost wages;
- (n) None.

3. Has Plaintiff ever applied for or received any benefits from Medicare at any time (whether prior to or after the incident that is the subject of this lawsuit)?

**ANSWER:**

Plaintiff was on age-based Medicare at the time of the accident in question. Medicare has been put on notice of this claim and has opened a file.

4. Has Plaintiff ever applied for or received any benefits from the Social Security Administration at any time (whether prior to or after the incident that is the subject of this lawsuit)?

**ANSWER:**

Plaintiff is receiving age-related Social Security benefits.

5. Has Plaintiff ever applied for or received benefits from Medicaid at any time (whether prior to or after the incident that is the subject of this lawsuit)?

**ANSWER:**

No

6. Does Plaintiff have an existing Medicare lien for treatment of any physical or mental injury which you allege to have been proximately caused by the incident which is the subject of this lawsuit? If so, identify all applicable liens, the amount of the liens and the associated healthcare providers from whom you sought treatment.

**ANSWER:**

Plaintiff has put Medicare on notice of the subject accident and opened a file. At this point in time, Medicare has not formulated a lien amount.

7. Is Plaintiff disabled and receiving disability benefits from a private or other group health plan?

**ANSWER:**

Plaintiff sustained disabling injuries in the accident at-issue, but is not receiving disability benefits.

8. Does Plaintiff have a diagnosis of renal disease or Lou Gehrig's disease?

**ANSWER:**

No

9. Identify the name, phone number and address of the Medicare (a) coordination of benefits contractor, or (b) secondary payment recovery contractor representative who is handling Plaintiff's claim.

ANSWER:

Medicare NGHP, P.O. Box 138832, Oklahoma City, OK 73113, (855)798-2627. Medicare does not assign a named representative to handle any particular case.

10. STATEMENTS

State whether or not, following the date of the occurrence mentioned in the Petition in this case, a statement, interview, or report, or a stenographic, mechanical, electrical, audio, video, motion picture, photograph, or other recording, or transcription thereof, of the Defendant or Defendant's agents, servants or employees, or if a statement made to anyone by the Defendant or Defendant's agents, servants or employees and contemporaneously recorded, has been secured and, if so, state the following:

- (a) Date, place, and time taken;
- (b) Name and address of all persons connected with taking it;
- (c) Names and addresses of all persons present at the time it was taken;
- (d) Whether the statement was oral, written, shorthand, recorded, taped, etc.;
- (e) Was it signed?
- (f) Names and addresses of the persons or organizations under whose direction and upon whose behalf it was taken or made;
- (g) Please attach an exact copy of the original of the statement, interview, report, film, or tape to your answers to these Interrogatories. If oral, please state verbatim the contents thereof; and
- (h) Name and address of the person from whom a statement was obtained.

ANSWER:

No

11. PHOTOGRAPHS, ETC.

State whether there exists photographs, videotapes, or movies with respect to the scene of the occurrence or premises or of Plaintiff depicting any of Plaintiff's alleged injuries mentioned in the Petition. If so, state the following:

- (a) Describe each photograph, video, or movie;
- (b) State the date each was taken;

- (c) State the name and address of the person taking each such photo, video, or movie; and
- (d) State the name, address, employer, and job title of the person presently having control or custody of each photograph, video, or movie.

**ANSWER:**

Plaintiff has produced herewith photographs depicting the scene of the occurrence as well as photographs of some of her injuries.

12. **EXPERTS**

List and identify:

- (a) Each person the Plaintiff expects to call as an expert witness at the trial, stating for each such expert:
  - (i) Name;
  - (ii) Address;
  - (iii) Occupation;
  - (iv) Place of employment;
  - (v) Qualifications to give an opinion (if such information is available on an expert's curriculum vitae, you may attach a copy thereof in lieu of answering this Interrogatory subpart);
- (b) With respect to each expert listed, please state the subject matter on which the expert is expected to testify and the expert's hourly deposition fee.
- (c) Identify each non-retained expert witness, including a party, who the Plaintiff expects to call at trial who may provide expert witness opinion testimony by providing the expert's name, address and field of expertise. State also any opinions the expert will testify to at trial.

**ANSWER:**

One or more of Plaintiff's treating physicians, including Sridhar Pinnamaneni, M.D., Signature Orthopedics-South County, 12639 Old Tesson Rd., Ste. 115, St. Louis, MO 63128, may testify as to Plaintiff's injuries and medical expenses as a result of the incident in question. Any further experts will be supplemented.

13. **WITNESSES**

State the names and addresses of each person known by Plaintiff, Plaintiff's representatives, or Plaintiff's attorney to have witnessed the occurrence mentioned in the Petition, or who were present at the scene within sixty (60) minutes of the occurrence. Designate which of such people actually claim to have witnessed the occurrence.

ANSWER:

Plaintiff and Defendant's employees on duty at the time of the subject incident. In addition, Plaintiff's husband Lawrence Kopp was with Plaintiff at the time, but did not witness the actual fall.

14. WITNESS STATEMENTS

State whether or not written or recorded statements have been obtained from any persons mentioned in the answer to Interrogatory Number 13 above with regard to the facts or circumstances surrounding the occurrence mentioned in these pleadings. If so, state the following:

- (a) The names, addresses, and employers of persons whose statements were obtained; and
- (b) Name, address, employer, and job title of the person presently having control or custody of each statement.

ANSWER:

None

15. CRIMINAL RECORD

State whether Plaintiff has ever pled guilty to or has ever been convicted of a felony or misdemeanor, and if your answer is in the affirmative, please state:

- (a) The date of any such plea or conviction;
- (b) The state where said plea or conviction occurred; and
- (c) The offense for which Plaintiff pled guilty or was convicted.

ANSWER:

No

16. ALCOHOL

State whether Plaintiff consumed alcoholic beverages, medication, or drugs within an eight hour period prior to the incident in question, and if so, state the names and addresses of the

places where said alcoholic beverages, medication, or drugs were consumed and describe the quantity and type of drinks, medication, or drugs which were consumed in said period of time.

**ANSWER:**

Plaintiff did not consume alcoholic beverages or illicit drugs within an eight hour period prior to the incident in question.

**17. INJURIES**

State the parts of Plaintiff's body, if any, injured in the incident mentioned in the Petition, and for each part of his/her body so injured, state the following:

- (a) The date of onset; and
- (b) Whether Plaintiff continues to have complaints with respect to that part of his/her body.

**ANSWER:**

Plaintiff suffered injuries to her left arm/shoulder and injuries to her knees as a result of the subject accident. The onset was immediate. Plaintiff continues to have complaints relating to her left arm/shoulder, however, the injuries to her knees appear to have subsided.

**18. OTHER ILLNESSES OR INJURIES**

Has Plaintiff had any illnesses, impairment, or injuries to the parts of the body injured in the occurrence mentioned in the Petition, either before or after the incident which is the subject of this lawsuit, and if so, state the following for each injury:

- (a) The date sustained or suffered;
- (b) The parts of the body involved;
- (c) The nature or type; and
- (d) The name and address of each healthcare provider who treated Plaintiff.

**ANSWER:**

Plaintiff underwent a right knee total replacement in February 2013. Surgery was performed by Dr. Forbes McMullin of Signature Orthopedics. Dr. McMullin is retired, but Plaintiff has followed up with Dr. Coles L'Hommedieu of Signature Orthopedics, 12639 Old Tesson Rd., Ste. 115, St. Louis, MO 63128.

19. CLAIMS AND LAWSUITS

Has Plaintiff ever filed another lawsuit, made a claim for bodily injury, or filed a workers' compensation claim, and if so, state the following for each claim or lawsuit: If you answered "YES" to this question, please state the following for each claim or lawsuit:

- (a) The date filed or lodged;
- (b) The nature or type of lawsuit or claim;
- (c) The name of the court, commission, or other body in which the claim or lawsuit was brought and its cause number or matter number;
- (d) The illnesses, injuries, or physical condition alleged;
- (e) State whether any money was received, whether by settlement or trial, and if so, the amount;
- (f) The names and addresses of all healthcare providers who treated Plaintiff or examined Plaintiff for the claim or lawsuit; and
- (g) Please sign the attached Authorization to Inspect and/or Copy Workers' Compensation Records, inserting all information requested with regard to each claim filed.

ANSWER:

No

20. SETTLEMENTS

Has Plaintiff received any settlement monies or other thing of value from any person, company, firm, corporation, or association involved in this occurrence as a settlement, in whole or in part, of his/her claim, and if so, state the following:

- (a) The name and address of the person, firm, association, company, or corporation from whom any such settlement was made;
- (b) The name and address of the person, firm, association, company, or corporation on whose behalf any such settlement was made;
- (c) The amount or value of any such settlement;
- (d) Whether any forms or papers (settlement documents) were signed, including statements of facts, and describe and identify the nature of any such papers or documents; and
- (e) If you do not possess or have access to the papers or forms (settlement documents) mentioned in part (d) above, then state the name and address of the person, firm, association, company, or corporation that has possession of these settlement documents. If you do possess or have



access to the settlement documents, attach them to your answers to these Interrogatories.

**ANSWER:**

No

21. **AMOUNT CLAIMED**

Pursuant to R.S.Mo. 509.050, what dollar amount of damages is Plaintiff seeking as compensation for his/her injuries for each count of your Petition?

**ANSWER:**

Plaintiff is seeking an amount that is fair and reasonable, but in excess of \$100,000.00 exclusive of interest and costs.

22. **MEDICAL CARE**

State the names and addresses of all doctors, hospitals, chiropractors, or healthcare providers who have treated, examined, or attended Plaintiff since the occurrence in question and who treated you for any parts of the body you claim injury to as referred to in your Petition and for each listed, please state:

- (a) The amount of the bill from each such healthcare provider for services rendered because of the occurrence in question;
- (b) The number of visits and the specific dates of each visit Plaintiff has made to each of these healthcare providers because of the occurrence;
- (c) The conditions for which Plaintiff was examined or treated; and
- (d) If you claim that Plaintiff received a medical examination, care, or treatment because of the occurrence mentioned in the Petition, please sign and return the attached medical authorization, after inserting the names and addresses of the doctors, hospitals, or healthcare providers.

**ANSWER:**

Mehlville Fire Protection District, 11020 Mueller Road, St. Louis, MO 63123;

Mercy Hospital South, 10010 Kennerly Road, St. Louis, MO 63128;

Joseph Novof, M.D., Emergency Room Physician, 10010 Kennerly Road, St. Louis, MO 63128;

Sridhar Pinnamaneni, M.D., Signature Orthopedics-South County, 12639 Old Tesson Road, Suite 115, 12639 Old Tesson Rd., Ste. 115, St. Louis, MO 63128, St. Louis, MO 63128;

ApexNetwork Physical Therapy, 4500 Telegraph Road, Suite 204, St. Louis, MO 63129

Plaintiff has produced herewith the medical records and medical bills in her possession and will supplement the same. A duly executed medical authorization has also been produced herewith.

23. LOST WAGES

Does Plaintiff claim a loss of earnings, wages, or income as a result of the occurrence? If so, please state:

- (a) The name and address of Plaintiff's employer at the time of the occurrence;
- (b) The rate of pay with that employer;
- (c) The amount of Plaintiff's claim, and show exactly how that amount was calculated;
- (d) List each day, by specific date, that Plaintiff claims he/she has been unable to work because of the occurrence;
- (e) If Plaintiff had a loss of income other than missing time from work, state the amount of the loss, the nature of the loss, and how the amount of the loss was calculated; and
- (f) If you claim that you have lost income or wages as referred to above, please sign the attached employer authorization and insert the name and address of each employer.

ANSWER:

Plaintiff is not making a claim for loss of earnings, wages or income at this time.

24. DISABILITY APPLICATION

Please state whether or not the Plaintiff has ever applied for any type of disability benefit from any entity (governmental, insurance, employer), and if so, please state:

- (a) The date of each application;
- (b) The name and address of the entity;

- (c) The reason for the application (i.e., the nature of the injury causing the disability);
- (d) Whether or not any disability benefits were actually received including, but not limited to, payments received from Medicare or Medicaid and if so, state the dates received and the amounts; and
- (e) When payment of the benefits began and when it ended.

**ANSWER:**

No

25. State whether you know of any witnesses who claim to have statements or heard any statements or comments made by this Defendant or any employee or agent of this Defendant concerning any aspect of the alleged incident as described in Plaintiff's Petition. If your answer is "YES", please state the names and addresses of all such person and state verbatim all such statements or comments.

**ANSWER:**

No

26. State the names and addresses of all doctors, physicians, chiropractors, osteopaths, hospitals, clinics, or other persons, or other institutions from which you have received any treatment or examination for any illness, injury, ailment, or complaint as referred to your Petition prior to the occurrence mentioned in your Petition.

**ANSWER:**

See: Plaintiff's response to Interrogatory No. 18 above.

27. Have you ever sustained a fall before or after the date of the occurrence wherein you injured any portion of your body necessitating medical treatment and, if so, state:

- (a) The date of the fall;
- (b) The location of the fall; and
- (c) The name and address of any medical providers who treated you for the fall.

**ANSWER:**

No

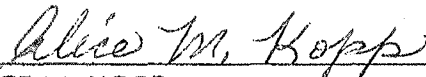
28. State the names and telephone numbers of all persons known to you, your attorneys, or your representatives who have knowledge concerning the condition of the premises mentioned in your Petition as it existed before, at the time thereof or after the date of the occurrence mentioned in your Petition.

**ANSWER:**

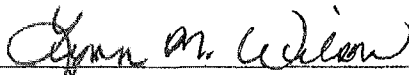
Plaintiff, Plaintiff's husband Lawrence Kopp and Defendant's employees.

STATE OF MISSOURI )  
 ) SS  
CITY OF ST. LOUIS )

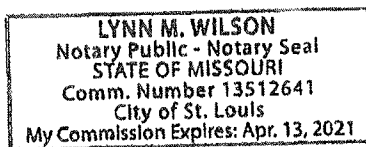
Alice M. Kopp, of lawful age, being duly sworn upon her oath, states that the above and foregoing Answers to Interrogatories are true to the best of her knowledge, information and belief.


  
ALICE M. KOPP

Subscribed and sworn to before me this 13<sup>th</sup> day of January, 2021.

  
Notary Public

My commission expires:



  
Robert J. Radice #30697  
HORAS, RADICE & ASSOCIATES, LLC  
Attorneys for Plaintiff  
2123 Marconi Avenue  
St. Louis, MO 63110  
(314) 241-4505  
(314) 241-7779 Fax  
bradice@HRmidwestlaw.com

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing was served this 14<sup>th</sup> day of January 2021 via first class, prepaid mail upon: Justin S. Chapell, Esq., Brown & James, P.C., Attorneys for Defendant, 800 Market St., Ste. 1100, St. Louis, MO 63101, [jchapell@bjpc.com](mailto:jchapell@bjpc.com).

